

Signature

Confined Animal Feeding Operation Pre-construction Notification

State Form 50210 (R/12-02)

(Required Form)

This notification form must be completed, signed, dated, and returned to IDEM when construction of the waste management system begins. The form should be sent to:

Confined Feeding Program
Indiana Department of Environmental Management
100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015

Farm ID Number,	(or) Approval Number, AW
Date of Approval:	County of Operation:
Owner Name (Name to which the Appr	oval was issued):
Name of Operation (if applicable):	
Mailing Address of Owner:	
Telephone Number (with area code):	
Location of Operation (nearest crossroa	ds or mailing address):
If any of the above information is un	known, contact IDEM at 317/232-4473.
Construction Start Date:	Phone No:
Name of Contractor (if applicable):	Phone No:
	fer from what was approved by IDEM?NoYes
• •	anges in the construction plan. The following changes can
be made that do not require a new Conf	ined Feeding Approval:
	f an approved structure including confinement buildings,
	ain in the area of the original site assessment (footprint)
	on, and that maintain compliance with required setback
distances;	
9	capacity that maintains at least 180 days of combined
storage at the operation; or	
 changes in construction and 	design details as shown in "as-built" plans.
	e Notification Form" available from our office to notify
	ble, it is preferred that the notification form be submitted in
•	e construction plan. This will allow IDEM to confirm that a
new approval is not warranted.	
Change (1) 4 day at 6-11 into an a 6-11-	al annual control of the state
	above categories may require a new Confined Feeding
• •	d to the Confined Feeding Program at (800) 451-6027,
extension 2-4473 or (317) 232-4473.	
Dy signing this form I attact that the inf	formation provided above is true and accurate.
by signing this form I attest that the Inf	ormation provided above is true and accurate.

Date